

Missouri Behavioral Health Prevention Needs Assessment 2019



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Section 1: Prevention Infrastructure

Missouri (MO)

Missouri is located in the Midwest. The geography of the state is largely rural, although over half of the population clusters around the two metropolitan areas of Saint Louis and Kansas City. Slightly over six million people make Missouri their home making it the 18th most populated state. Twenty-three percent (23.0%) of the population is under 18 years old, 61.7% are ages 19-64 and 15.3% are 65 and older. The population is primarily Caucasian (82.5%), with African Americans making up the second largest group (11.6%). Hispanics are a smaller group (3.9%), but steadily growing. Less than 4% of the population is foreign born and approximately 2% of the households are limited English speaking.

Slightly over eleven percent (11.2%) of the adult population are without a high school diploma and only 27.6% graduated from a 4-year college. Over a third (36.7%) of the population over age 16 are not in the labor force. Around fifteen percent (15.3%) of the households fall below the poverty level. The median household income is \$49,593 and 18.4% of the population spend at least a third of their income on housing.¹

Division of Behavioral Health (DBH)

In spring 2013, the Divisions of Comprehensive Psychiatric Services and Alcohol and Drug Abuse merged into one division, the Division of Behavioral Health (DBH). The divisions merged in order to maximize resources and improve service delivery. The Missouri DBH manages programs and services for people who need help for a mental illness or alcohol or drug related problems. Services available are prevention, education, evaluation, intervention, treatment, and rehabilitation.

Most prevention and treatment services are provided by programs in the community that have a contract with the DBH. These programs must meet federal and state requirements in order to provide mental health and substance use treatment services.

Prevention and education programs are available across the state. These programs help to educate people about mental illness, substance use, and addiction, as well as where to find help. Prevention of substance use, mental illness, suicide, and Mental Health First Aid are some of the programs and educational material that are available throughout the state.²

Prevention Resource Centers (PRCs)

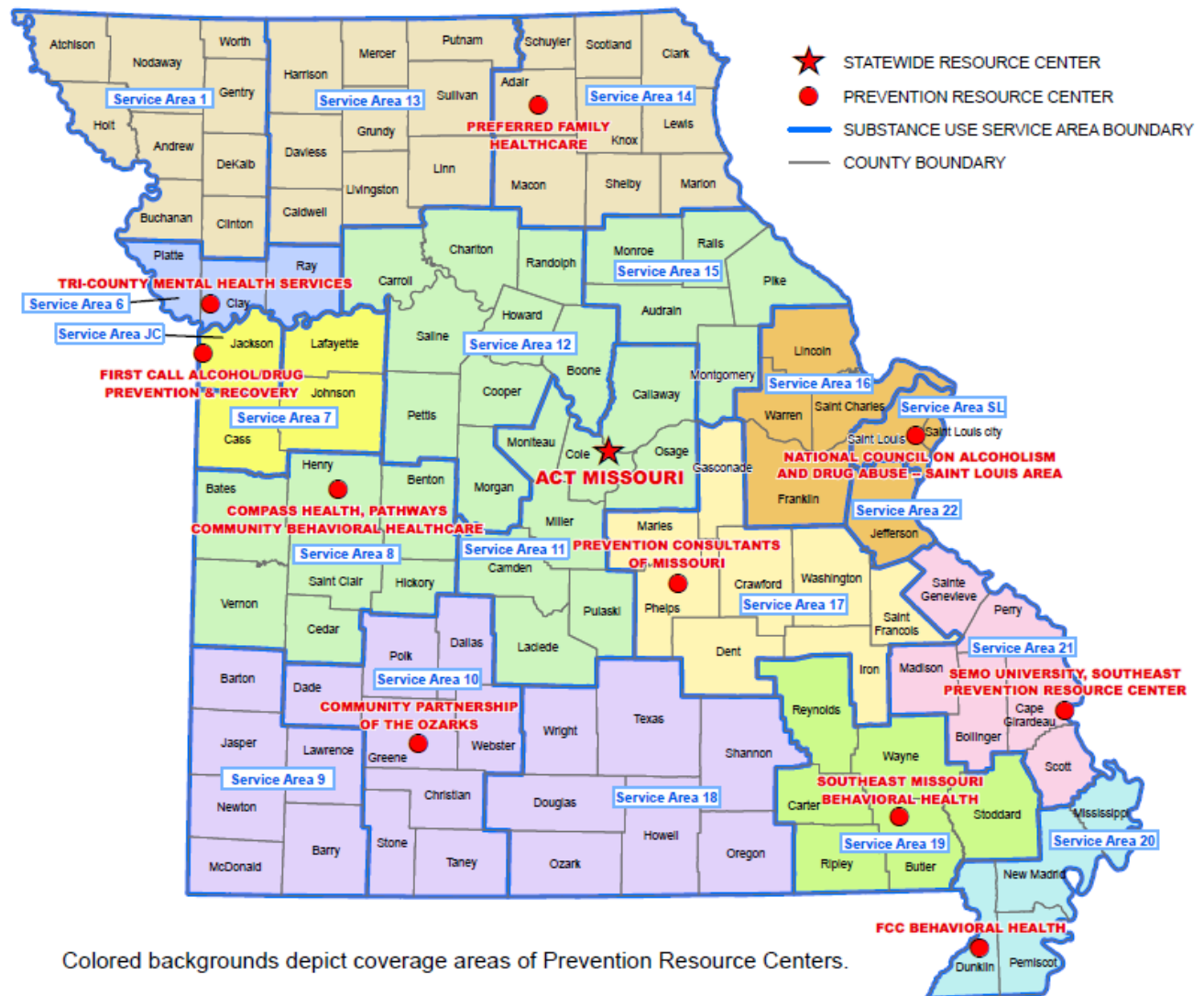
Prevention Resource Centers (PRCs) are the primary source of technical assistance support for community coalitions (see Pages 5-7). The goal of PRCs is to facilitate the development of prevention teams that are capable of making changes in substance use patterns within their communities. Each PRC

¹ MO Epidemiological Profile, 2018

² <https://dmh.mo.gov/mentalillness/about.html>

has a prevention specialist who works directly with the prevention teams in his or her area and assists with the development of the teams and task forces in communities that desire to develop prevention systems. The PRCs also assist communities in assessing substance use prevention needs, building capacity to address those needs, developing sound strategic and implementation plans, and evaluating their efforts during and following implementation.³ PRCs also implement programming directly in the communities, such as Mental Health First Aid and Signs of Suicide.⁴

PREVENTION RESOURCE NETWORK AND SUBSTANCE USE SERVICE AREAS



³ RSC Resource Manual, 2017

⁴ Map from <https://dmh.mo.gov/ada/progs/documents/preventionresourcenetworkcontacts.pdf>

Statewide Training and Resource Center (STRC)

The Statewide Training and Resource Center (STRC) conducts a variety of activities and programs on behalf of DBH and the statewide prevention system. The STRC provides resources, training, and technical assistance to the PRCs and direct prevention providers. The STRC facilitates a number of statewide workshops throughout the year and holds an annual statewide prevention conference. The STRC also operates a consultant resource bank providing resources to the prevention community and administers the Mini-Grant Program for community coalitions.⁵

State Epidemiological Outcomes Workgroup (SEOW, BHEW)

In Missouri, the State Epidemiological Outcomes Workgroup is known as the Behavioral Health Epidemiology Workgroup (MO-BHEW). This group represents state agencies and universities that share an interest in data on substance use, mental health, and other behavioral health. The workgroup is supported through funding from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

The Mission of the MO-BHEW is to create a system to collect, monitor, integrate, and analyze substance use and mental health data to produce a comprehensive and accurate picture of behavioral health issues in Missouri and our communities. It also works to disseminate information to state and community agencies, decision-makers, and the public as well as inform and guide behavioral health prevention policy, program development, and evaluation.

Prevention Workforce

Missouri has partnered with the Center for Applied Research Solutions to implement a workforce development survey. The survey assesses the current state of the Missouri Prevention Workforce, including training, education, benefits, any additional training needs, and long-term career plans. The survey went live May 13, 2019. Initial data will be available in early July for the PRCs to include in their 2020 Strategic Plan and a full report detailing all findings will be available by fall 2019.

Community Coalitions

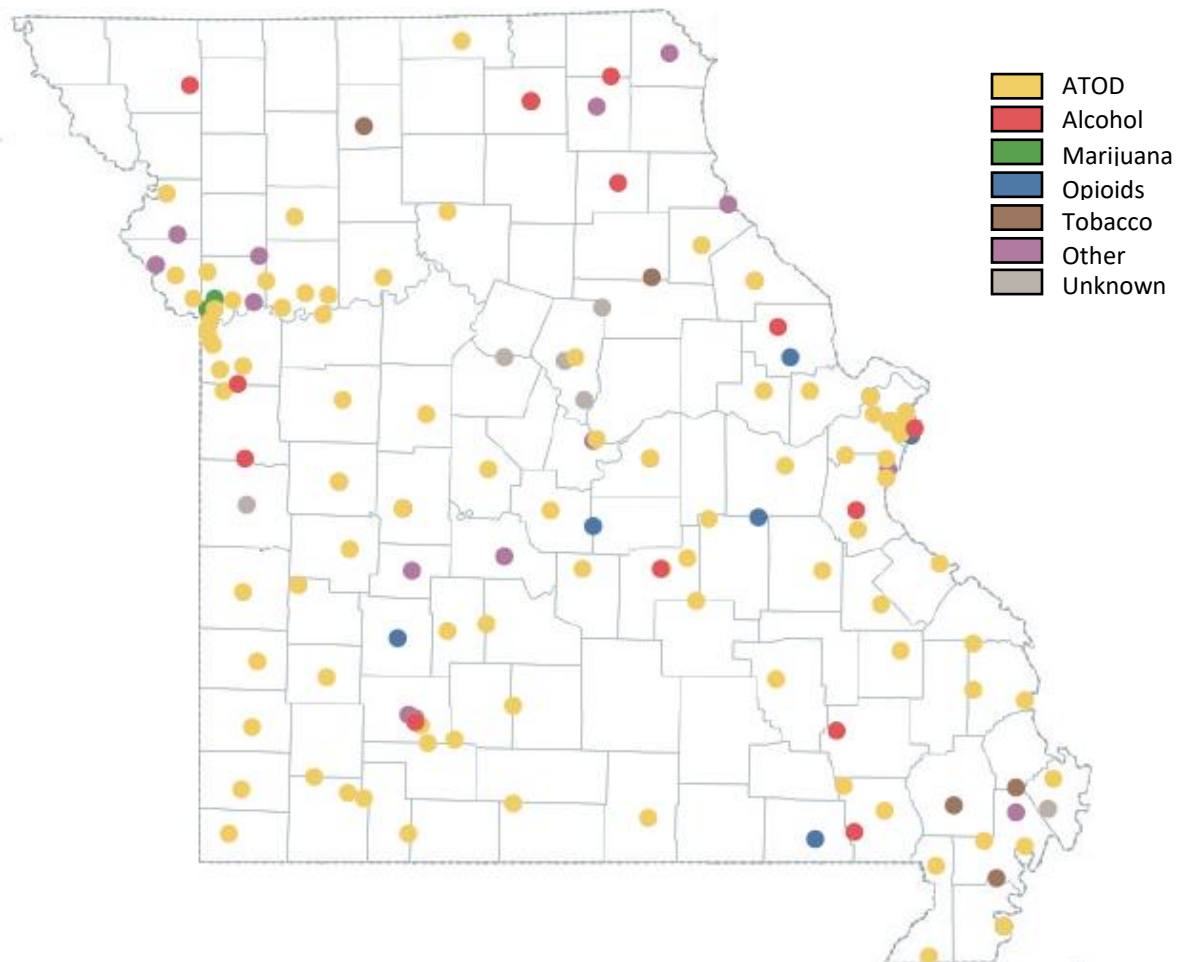
Community coalitions are a network of volunteers and community prevention teams that serve local communities. Coalitions can be registered with DMH if they meet certain criteria with their structure and have goals that relate to substance use prevention.⁶ Coalition teams receive technical assistance and training from the PRCs on a variety of topics related to the development of coalitions and the implementation of prevention strategies.⁵ Starting in the spring of 2019, state staff will biannually assess

⁵ <https://dmh.mo.gov/ada/progs/prevention.html>

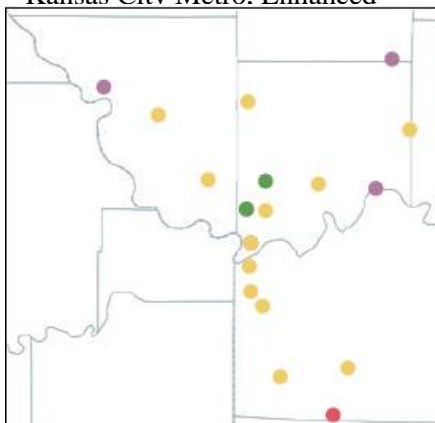
⁶ <https://dmh.mo.gov/ada/progs/communitycoalitionregistrationpolicyandprocess.html>

coalition satisfaction with the technical assistance provided by the PRCs. See map below for community coalitions by type, as well as those who are current awardees of the Drug-Free Communities grant.

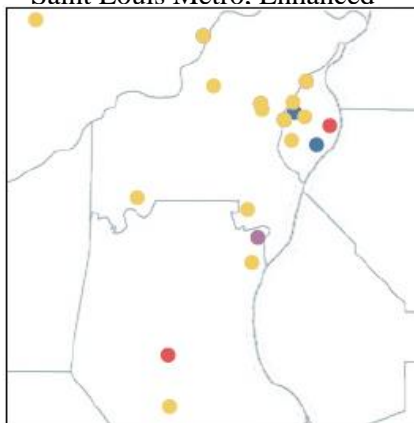
Registered Prevention Coalitions in Missouri, 2018



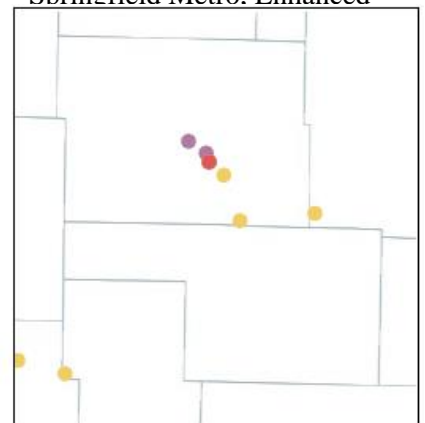
Kansas City Metro. Enhanced



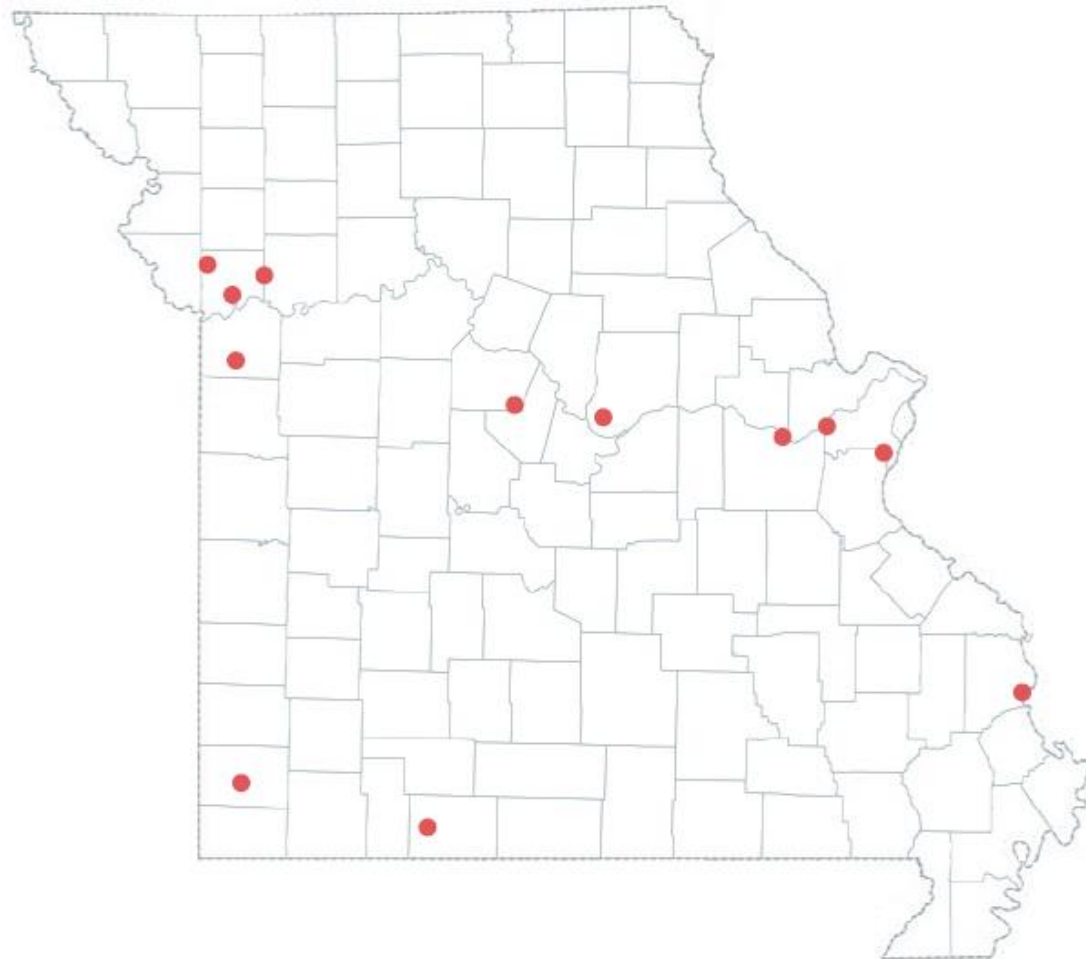
Saint Louis Metro. Enhanced



Springfield Metro. Enhanced



Drug Free Community (DFC) Coalitions in Missouri, 2018



Section 2: Inventory of Services and Resources

In addition to the infrastructure discussed above, Missouri has an array of resources dedicated to promoting behavioral health. Key resources are highlighted below.

Direct Prevention Services

Direct programs /services include prevention education and early intervention activities provided to designated children, youth, and families. These prevention services involve structured programming and/or a curriculum that address identified risk and protective factors and include multiple sessions with pre- and post-testing. Direct programs/services may also involve a variety of activities, including informational sessions, training, and/or technical assistance for group activities.⁵ These services are provided by the PRCs, registered coalitions, and other key stakeholders.

School-Based Prevention Intervention and Resource Initiative (SPIRIT)

In 2002, the Missouri Department of Mental Health (DMH), DBH launched the School-based Prevention Intervention and Resources Initiative (SPIRIT). This project aims to delay the onset of substance use, decrease the rate of substance use, improve overall school performance, and reduce instances of violence. To achieve these goals, prevention agencies are paired with participating school districts to provide technical assistance in implementing evidence-based substance use prevention programming and referral and assessment services as needed. SPIRIT currently operates in nine school districts across the state, including Carthage R-IX, Knox Co. R-1, New Madrid Co. R-1, Ritenour, Scotland Co. R-1, South Shelby, Macon, Greenwood, and East Prairie. The project offers a variety of evidence-based prevention programs selected by the school districts.⁵

Merchant Education

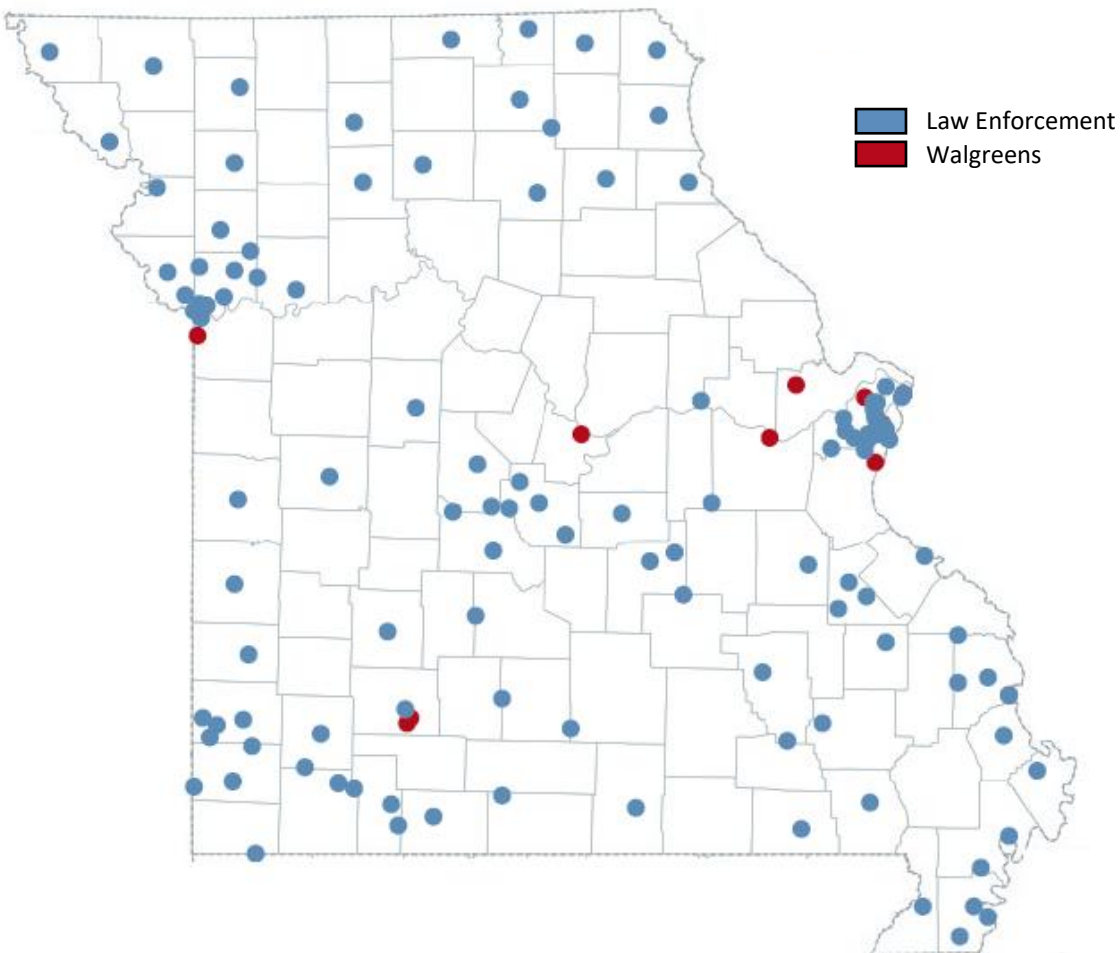
The Missouri DBH has engaged in comprehensive statewide efforts to educate merchants on the state's tobacco laws. Various educational activities, including retailer visits, are conducted throughout the state by contracted PRCs. Merchant education is provided to retailers to help Missouri keep its Synar rate under 20%.⁷

⁷ <https://dmh.mo.gov/ada/progs/prevention.html>

Prescription Drop Boxes

Prescription drop boxes are another resource Missouri provides to community members. These prevention efforts allow citizens to dispose of medication in a safe, easy to access manner, decreasing the availability and misuse of medications. Recently, Walgreens Pharmacy has made a commitment to add drop boxes in their stores. Locations currently providing a drop boxes are indicated in the map below.⁸

Prescription Drop Box Locations, 2017 - 2018



⁸ <https://www.abc17news.com/news/walgreens-brings-safe-medication-disposal-kiosks-to-missouri/927685430>

Current Grant Funded Programs

As of winter 2018, Missouri behavioral health prevention is assisted by the following federal grants to the state⁹:

Program	Project Period	FY 2018 Funding
Partnerships for Success Program	2015/09/30 - 2020/09/29	\$ 1,648,188 + \$ 25,000 (add.)
Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)	2016/09/01 - 2021/08/31	\$ 1,000,000 + \$ 25,000 (add.)
Show Me Zero Youth Suicide Initiative	2016/09/30 - 2021/09/29	\$ 736,000
System of Care (SOC) Expansion and Sustainability Cooperative Agreement	2016/09/30 - 2020/09/29	\$ 1,355,323
State Targeted Response to the Opioid Crisis	2017/05/01 - 2019/04/30	\$ 10,015,898
Overdose Rescue and Education (MORE) project	2017/09/30 - 2021/09/29	\$ 800,000
Disaster Relief	2017/11/01 - 2018/07/31	\$ 1,816,698
State Opioid Response Grants	2018/09/30 - 2020/09/29	\$ 18,364,038
Zero Suicide	2018/09/30 - 2023/09/29	\$ 700,000 + \$ 25,000 (add.)

Section 3: Epidemiological Indicator Data (Use)

Missouri produces the State Epidemiological Profile¹⁰ and the Status Report on Missouri's Substance Use and Mental Health¹¹ on an annual basis and the Missouri Student Survey Report¹² on a biannual basis. Extensive data on substance use consumption and consequences, as well as risk and protective factors, can be found in these documents. A high-level overview will be provided below.

State Epidemiological Profile

Alcohol and tobacco are the two most commonly used drugs in Missouri and the overall past-month usage rates for alcohol are similar to the national average. Binge drinking is common among young (under 25) drinkers, raising concerns about risky drinking and the associated consequences. The past-month usage rates for cigarettes are increasing from 2011. Missourians aged 18 years and older had much higher daily usage rates for cigarettes than the U.S. population, while the daily usage rates among

⁹ <https://www.samhsa.gov/grants-awards-by-state/MO/discretionary/2018/details>

This list contains state-level grants. Grants to individual municipalities and other organizations not listed.

¹⁰ <https://dmh.mo.gov/ada/mobhew/>

¹¹ <https://dmh.mo.gov/ada/rpts/status.html>

¹² <https://dmh.mo.gov/ada/mobhew/>

students are similar to the national average. Tobacco consumption related mortality rates are consistently higher than the national average.

While prescription drugs and illicit drugs are not as commonly used, the consequences of their use in Missouri tend to be higher than the national average. Risk and protective factor data indicated that youth consider electronic cigarette use to be less risky than other drugs. Over-the-counter drugs are the most available drug. Those 18-25 and males tend to have the highest use rates across all drugs.

When examining risk and protective factors, over one-third of all youth surveyed found drinking alcohol to be of “no risk” or “slight risk”, much more than that of cigarette smoking. Alcohol use was reported to be “less wrong” than other drug usage by parents.

Status Report on Missouri’s Substance Use and Mental Health

MISSOURI ADOLESCENTS 12-17 YEARS OF AGE:

Nearly 4.5% of Missouri adolescents (21,000) had a past-year substance use disorder (SUD).

- About one-third of these adolescents (7,000) experienced a past-year major depressive episode.
- Approximately 10,000 of these adolescents have alcohol use disorder. Most have an unmet need for specialized treatment for their disorders.
- About 15,000 have illicit drug use disorder. More than 13,000 of these need specialized treatment.
- At least 2,000 adolescents have both alcohol and illicit drug use disorders.

See Missouri Student Survey below for current youth substance use patterns.

MISSOURI ADULTS AGES 18 AND OLDER:

Eight percent of adults (376,000) had a past-year SUD. They include 101,000 young adults (ages 18-25) and 275,000 older than age 25.

- Among these adults, 160,000 had co-occurring mental illness, including 52,000 with co-occurring serious mental illness.
- Young adults with a SUD include:
 - 79,000 with an alcohol use disorder
 - 42,000 with an illicit drug use disorder
 - Some young adults have both alcohol and illicit drug use disorders.
- Adults older than age 25 with SUD include:
 - 211,000 with alcohol use disorders
 - 83,000 with illicit drug use disorders
 - Some older adults have both alcohol and illicit drug use disorders.

Among the 290,000 total adults with an alcohol use disorder, 267,000 have an unmet need for specialized alcohol use treatment. They include 71,000 young adults and 196,000 older than age 25.

Among the 125,000 total adults with illicit drug use disorders, 110,000 have an unmet need for specialized substance use treatment. They include 38,000 young adults and 72,000 adults older than age 25.

CURRENT ADULT SUBSTANCE USE PATTERNS:

Fifty-nine percent of young adults and 55% of adults older than age 25 are past-month users of alcohol. Nearly 41% of young adults (272,000) and 25% of those older than age 25 (almost one million) have binged with five or more drinks (for males) and four or more drinks (for females) on the same occasion in the past-month.

More than 18% of young adults (123,000) and nearly 7% of older adults (268,000) are past-month marijuana users. Three percent of adults (145,000) have used an illicit drug other than marijuana during the past month.

Nearly 4% of young adults (26,000) and 1% of older adults (38,000) are past-year users of cocaine.

An estimated 5,000 young adults and 12,000 adults older than age 25 are past-year users of heroin.

Approximately 4.5% of Missouri adults (212,000) have misused pain relievers during the past year.

Nearly 32% of Missouri adults are past-month users of tobacco products. Twenty-five percent of Missouri adults are past-month cigarette smokers.

OTHER BEHAVIORAL IMPACTS:

Deaths with an underlying cause of drug use totaled 1,418 with a rate of 23.27 deaths per 100,000 population.

Traffic crashes involving alcohol or drug-impaired drivers or pedestrians caused 273 deaths (29% of total traffic deaths) and 4,024 injuries (7% of total traffic injuries).

During the 10-year period from 2006-2015, substance-related deaths in Missouri have averaged 27.36 per 100,000 population.

Juvenile authorities separated 7,300 children from their parents and placed them in alternate care in 2016. One-half of those removals were due to substance use.

Each year, more than 100,000 people in Missouri encounter arrest, probation, drug court, prison, or parole for drug and alcohol offenses.

Impaired driving crashes and arrests are declining. There were 3.5 DWI arrests per impaired driver crash in Missouri in 2016.

Missouri Student Survey

In both Missouri and the nation, alcohol lifetime use is higher than all other drugs, followed by cigarette (both standard and electronic) and marijuana use. Past month use followed a similar pattern, though electronic cigarette use is higher than alcohol use and standard cigarettes. Alcohol, cigarette, and chewing tobacco lifetime and 30-day use are higher in Missouri than nationally. Inhalant and hallucinogen lifetime use is higher nationally than in Missouri. Overall, illegal drugs are used much less

than legal ones. Past month use of electronic cigarettes is slightly lower than national average. The 2017 YRBS report indicates electronic cigarette use and prescription drug misuse in Missouri high school students is similar to the national average. Past month use of electronic cigarettes is slightly lower than national average.

There was a significant increase in current use from 2016 to 2018 in electronic cigarettes and chewing tobacco, while prescription drug misuse has decreased. There is no significant change in past month use for any of the other substances.

SPECIFIC SUBSTANCE USE PATTERNS:

Tobacco

Tobacco users typically reported using 1-2 days in the past month.

Approximately 1 out of 3 current tobacco users (33.2%) reported using more than one form of tobacco.

Most students reported using flavor only products in their e-cigs at least some of the time. However, more than 1 in 10 reported using marijuana at least some of the time.

Alcohol

Among youth who reported drinking in the last 30 days, the majority (54.7%) reported drinking only 1 or 2 days.

Almost 4 out of 10 (39.6%) students who reported past month alcohol use also reported having five or more drinks on one occasion (binge drinking) in the past month. As previously mentioned, most youth only drink 1-2 days a month, but when they drink, they drink heavily.

Marijuana

Of youth who smoked marijuana in the past month, a little over 1 in 3 reported smoking one or two days a month, while 13.1% reported daily use.

Prescription Drugs

Of youth who reported misusing prescription drugs at least once, pain medication was the most commonly misused substance. Not surprisingly, the number one reason given for misusing prescription drugs was to reduce and/or manage pain. Sleeping medication was the second most misused prescription drug and the second most common reason given was to help with sleep. These patterns were exactly those seen in the 2016 survey.

Overall, current prescription drug misuse has decreased since 2016. When looking at past year misuse of specific drugs, there was a significant decrease in pain medication misuse.

Access and Availability

When asked how a student gets tobacco, alcohol, or marijuana the most common response is “a friend gives or sells it to me.” However, “a family member” is more likely to be the source for prescription drugs.

About half of youth perceived that cigarettes (standard and electronic), alcohol, and over-the-counter drugs were either “very easy” or “sort of easy” to obtain. The perceived effectiveness of law enforcement to catch someone using substances was low. The majority of youth surveyed reported that none of their friends used alcohol, cigarettes, marijuana or other illegal drugs in the past year. Many youth (43.7%), however, did currently have at least one friend who drank alcohol and 1 in 3 youth (34.5%) had at least one friend who smoked marijuana.

Values around Substance Use

When youth were asked whether it was wrong to use alcohol, tobacco, or other drugs, the majority of students answered “very wrong”. Alcohol was perceived as the least wrong. When “very wrong” was combined with “wrong”, over 7 out of 10 students perceived substance use to be wrong in all categories except alcohol. Almost all youth disagreed with the use of over the counter, prescription, and other illegal drugs.

The majority of students felt that their friends would consider any substance use wrong. Although students may have had friends who used substances, the great majority of them believed that their friends would not see them as “very cool” or “pretty cool” if they used.

When youth were asked about the riskiness of substance use, electronic cigarettes were seen as the least risky substance, followed by alcohol usage (without a dosage specified), and then marijuana. However, when alcohol dosage was specified it was seen as riskier. Prescription drug misuse, synthetic drug use, and other illegal drug use was perceived as the most risky. Similar to the responses for perceived harm, alcohol use was the most accepted.

Section 5: Health Disparities

As detailed above, Missouri is a largely rural state. The population is largely Caucasian with geographical pockets of African Americans and Hispanics. Most residents speak English. Poverty is a concern along with unemployment and lack of education.

As a gap, it is important to note the lack of data around the LGBTQ subpopulation. Approximately 4% of Missouri identifies as LGBTQ¹³. Research shows that the LGBTQ population are often at higher risk, but additional data is needed to fully understand the challenges faced by this group, as well as how best to

¹³ <https://williamsinstitute.law.ucla.edu/research/data-in-review-2018/>

address their needs¹⁴. Missouri has struggled to collect data on this population, especially in the adolescent age range, as the readiness of the general population to discuss the topic is very low. During the 2018 Missouri Student Survey, two questions were added on sexual orientation and gender identity. Districts were allowed to opt in and some districts indicated a willingness to do so. However, one district opted in and parents became upset about this; media attention spread the story across the state and many districts who had opted in chose to opt out at that point. Districts will be allowed to opt in again in 2020 but it is unknown as to how many will.

In addition, the Missouri Block Grant plan lists pregnant women and intravenous substance users as priority populations.

Section 6: Conclusions

The state system will continue to monitor substance use trends to inform prevention at both the state and local level. The State Epidemiological Outcomes Workgroup will continue to produce products designed to disseminate this information.

Additional information will be forthcoming in the Workforce Development Survey, which will help the state tailor their workforce technical assistance needs.

Finally, as possible, efforts will be made to address the Health Disparities outlined above.

¹⁴ <http://www.nationalacademies.org/hmd/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>